

**PAPRSB INSTITUTE OF HEALTH SCIENCES**, **UNIVERSITI BRUNEI DARUSSALAM**

**Consent Form**

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| --- |
| **Project Title** |
|  |
| **Research Investigators & Organisation** |
|  |
| **Contact Information of the Principal Investigator** |
| Name, Office Address, Office Phone Number and Email Address |

**I hereby acknowledge that:**

|  | **Please tick the appropriate box** | **Yes** | **No** |
| --- | --- | --- | --- |
| 1 | My signature is my acknowledgement that I have agreed to participate in the research titled above. |  |  |
| 2 | I have read or have been explained and understand the information and research procedure written in the information sheet given to me. |  |  |
| 3 | I agree that the interview/focus group/observation conducted during the research will be audio/video-taped **(*please circle as appropriate).*** |  |  |
| 4 | I am free to withdraw from the study at any time before data analysis. It is entirely my choice whether or not to inform the Principal Investigator the reason for withdrawal. I understand the withdrawal will not adversely affect me in any way. |  |  |
| 5 | I am aware that my information cannot be withdrawn or excluded from the data as these are taken anonymously **(*This phrase might be needed if data are collected anonymously. Please edit accordingly*).** |  |  |
| 6 | I agree that the information provided by me will be used only for this research. |  |  |
| 7 | I agree that the manuscript(s) may be produced from this research and published accordingly, and my identity will be kept confidential. |  |  |
| 8 | I have read or have been explained and understood the information in this consent form. Any questions that I had have been duly answered. |  |  |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature (Participant) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature (Researcher) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

**\* This consent form will be signed in two copies. Researchers will keep a copy of this consent form, and the other will be given to the signed participant.**